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CONFIRMATION NO. 2572

SERIAL NUMBER 10/028,756	FILING OR 371(c) DATE 12/21/2001 RULE	CLASS 463	GROUP ART UNIT 3714	ATTORNEY DOCKET NO. 5082US (01-01-057)
APPLICANTS Monica A. McClintic, Boulder City, NV;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/01/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY NV	SHEETS DRAWING 13	TOTAL CLAIMS 40
			INDEPENDENT CLAIMS 3	
ADDRESS 04743				
TITLE Gaming method, device, and system including trivia-based bonus game				
FILING FEE RECEIVED 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 2572

SERIAL NUMBER 10/028,756	FILING DATE 12/21/2001 RULE	CLASS 463	GROUP ART UNIT 3713	ATTORNEY DOCKET NO. 5082US (01-01-057)
APPLICANTS Monica A. McClintic, Boulder City, NV; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/01/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY NV	SHEETS DRAWING 13	TOTAL CLAIMS 40
INDEPENDENT CLAIMS 3				
ADDRESS 24247				
TITLE Gaming method, device, and system including trivia-based bonus game				
FILING FEE RECEIVED 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	